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**COMBINED DECLARATION AND POWER OF ATTORNEY**

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,  
CONTINUATION, OR C-I-P)

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As a below named inventor, I hereby declare that:

**TYPE OF DECLARATION**

This declaration is of the following type: ☒ original.

(check one)

☐ design.

☐ supplemental.

☐ national stage of PCT.

☐ divisional.

☐ continuation.

☐ continuation-in-part (C-I-P)

**INVENTORSHIP IDENTIFICATION**

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

**TITLE OF INVENTION**

METHOD AND APPARATUS FOR REGULATING PRESSURE DURING MEDICAL  
PROCEDURES

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**SPECIFICATION IDENTIFICATION**

the specification of which:

(a) ☒ is attached hereto.

(b) ☐ was filed on \_\_\_\_\_, as Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (*if applicable*).

(c) ☐ was described and claimed in PCT International Application No. \_\_\_\_\_, filed  
on \_\_\_\_\_ and as amended under PCT Article 19 on  
\_\_\_\_\_ (*if applicable*).

## SUPPLEMENTAL DECLARATION (37 C.F.R. § 1.67(b))

*(complete the following where a supplemental declaration is being submitted)*

☐ I hereby declare that the subject matter of the

☐ attached amendment

☐ amendment filed on \_\_\_\_\_

was part of my/our invention and was invented before the filing date of the original application, above-identified, or such invention.

### ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

### PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed. Such applications have been filed as follows:

#### PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			YES/NO
			YES/NO
			YES/NO
			YES/NO
			YES/NO

### CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NO.	FILING DATE (day, month, year)
60/438,263	06/01/2003

### CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. § 120

- ☐ The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (C-I-P) APPLICATION.

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS  
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

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### POWER OF ATTORNEY

I hereby appoint the practitioners practicing at the following Customer Number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

**34704**

#### SEND CORRESPONDENCE TO:

The above Customer Number.

#### DIRECT TELEPHONE CALLS TO:

George A. Coury  
(203) 777-6628 - ext. 113

## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Full name of sole or first inventor:

*Pierluca Lombardi*  
(signature)

Name: Pierluca Lombardi

Date: 1/4/2004

Country of Citizenship: ITALY

Residence Address:

1504 BAY ROAD APT. 2304  
MIAMI BEACH, FLORIDA 33139

Post Office Address: (SAME AS ABOVE)

Full name of third joint inventor, if any:

\_\_\_\_\_  
(signature)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residence Address:

\_\_\_\_\_  
\_\_\_\_\_

Post Office Address: (SAME AS ABOVE)

Full name of second joint inventor, if any:

\_\_\_\_\_  
(signature)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residence Address:

\_\_\_\_\_  
\_\_\_\_\_

Post Office Address: (SAME AS ABOVE)

Full name of fourth joint inventor, if any:

\_\_\_\_\_  
(signature)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Residence Address:

\_\_\_\_\_  
\_\_\_\_\_

Post Office Address: (SAME AS ABOVE)

THIS DECLARATION ENDS WITH THIS PAGE.

SIGNATURE FOR FIFTH AND SUBSEQUENT JOINT INVENTORS.  
\_\_\_\_ PAGES ADDED.

SIGNATURE BY ADMINISTRATOR(TRIX), EXECUTOR(TRIX) OR LEGAL REPRESENTATIVE FOR  
DECEASED OR INCAPACITATED INVENTOR.  
\_\_\_\_ PAGES ADDED.

SIGNATURE FOR INVENTOR WHO REFUSES TO SIGN OR CANNOT BE REACHED BY PERSON  
AUTHORIZED UNDER 37 CFR 1.47.  
\_\_\_\_ PAGES ADDED.

ADDED PAGES FOR SIGNATURE BY ONE JOINT INVENTOR ON BEHALF OF DECEASED  
INVENTOR(S) WHERE LEGAL REPRESENTATIVE CANNOT BE APPOINTED IN TIME (37 CFR 1.47)

ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL,  
CONTINUATION, OR CONTINUATION-IN-PART (C-I-P) APPLICATION.  
\_\_\_\_ PAGES ADDED

AUTHORIZATION OF PRACTITIONER(S) TO ACCEPT AND FOLLOW INSTRUCTIONS FROM  
REPRESENTATIVE.